

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

Blue Spike, LLC

Plaintiff(s)

v.

Texas Instruments, Inc.

Defendant(s)

Civil Action No. 6:12-CV-499

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CBS Corporation
Corporation Service Company dba CSC - Lawyers Incorporating Service Company
211 E. 7th Street, Suite 620
Austin, TX 78701-3218

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Eric M. Albritton
ALBRITTON LAW FIRM
P.O. Box 2649
Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 1/10/13



CLERK OF COURT

David Maloney

Signature of Clerk or Deputy Clerk

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Civil Action No. 6:12-CV-499

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for *(name of individual and title, if any)*
was received by me on *(date)* 02/12/2013.☐ I personally served the summons on the individual at *(place)* __________ on *(date)* _____; or☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____

_____, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or☐ I served the summons on *(name of individual)* _____, who isdesignated by law to accept service of process on behalf of *(name of organization)* __________ on *(date)* _____; or☐ I returned the summons unexecuted because _____; or☒ Other *(specify)*: Via certified mail, return receipt requested
#7008 0500 0001 1306 0664My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 02/12/2013April M. Hall

*Server's signature*April M. Hall

*Printed name and title*111 W Tyler, Longview, TX 75601

Server's address

Additional information regarding attempted service, etc:

7008 0500 0001 1806 0664

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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AUSTIN TX 78701

OFFICIAL USE

Postage	\$ 5.70
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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 11.35

02/08/2013

Sent To: **CBS Corporation**
Corporation Service Company dba CSC -
Lawyers Incorporating Service Company
 Street, Apt. No. or PO Box No.: **211 E. 7th Street, Suite 620**
 City, State, ZIP+4: **Austin, TX 78701-3218**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>SA Vertrees</i></p> <p>B. Received by (Printed Name) <i>SA Vertrees</i> Date of Delivery <i>02/12/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>CBS Corporation Corporation Service Company dba CSC - Lawyers Incorporating Service Company 211 E. 7th Street, Suite 620 Austin, TX 78701-3218</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service)</p> <p>7008 0500 0001 1806 0664</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540